SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature Agent Addressee B Received by (Printed Name) C. Date of Defivery
Infinitional Infinition Infinitio	D. Is delivery address different from item 1?
Montgomery, AL 36130 Olory 751 Put august	3. Service Type Gertified Mail Registered Insured Mail C.O.D.
2. Article Number (Transfer from service label) 4. Restricted Delivery? (Extra Fee) 1 Yes 7 10 1 10 10 10 10 10 10 10 10 10 10 10 1	
PS Form 3811, February 2004 Domestic Ret	